State File # 2022 060442 2023 JAN 17 P 1: 02

Form R-309 07012014 PERMIT

Information necessary for the Certificate of Death has been completed for:

Decedent Name	MUISE JR,	WILLIAM	T					
Place of Death	16 C STOWE	ROAD, SOU	THBOROUGH,	MA				
Date of Death	DECEMBER	10, 2022		Date of Birth	NOVEMBER 30, 1964	Sex	MALE	
Residence	16C STOWE	ROAD, SOUT	THBOROUGH,	MASSACHUSI	ETTS 01772			
If U.S. veteran, sp NO	pecify war/conflic	t(s) (most recent)						
Branch of militar	y (most recent)			Rank/organi	ganization/outfit(most recent)			
Date entered(mo.	st recent)		Date Discharg	ed (most recent)	Service Number(most i	Service Number(most recent)		
Certifier ROBE	ERT M. WELT	ON, MD			Lic # 256257			
Addr. 720 ALB	SANY STREET	, BOSTON, M	1ASSACHUSET	TS 02118				
Immediate Cause PENDING	of Death	iliano de la compania			The second secon			
his permit autho	rizes the follow	ing Funeral S	ervice Licensee	or Designee to 1	emove, dispose or transpor	t remains	as listed below:	
Funeral Licensee	/Designee CHR	USTOPHER N	M RONEY		Lic	# 50559		
Facility. RONE	Y FUNERAL	HOME, GRA	FTON, MASSA	CHUSETTS				
Disposition Type	CREMATION	N			Date of Disposition DEC	CEMBER	2 16, 2022	
Place/Address ALL FAITHS	Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603							
ndorsements								
	Place of Death Date of Death Residence If U.S. veteran, s NO Branch of militar Date entered(model) Certifier ROBE Addr. 720 ALE Immediate Cause PENDING his permit author Funeral Licensee Facility. RONE Disposition Type Place/Address	Place of Death Date of Death Date of Death DECEMBER Residence 16C STOWE If U.S. veteran, specify war/conflic NO Branch of military (most recent) Date entered(most recent) Certifier ROBERT M. WELT Addr. 720 ALBANY STREET Immediate Cause of Death PENDING his permit authorizes the follow Funeral Licensee/ Designee CHR Facility. RONEY FUNERAL Disposition Type CREMATION Place/Address ALL FAITHS CEMETERY	Place of Death Date of Death DECEMBER 10, 2022 Residence 16C STOWE ROAD, SOUT If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Date entered(most recent) Certifier ROBERT M. WELTON, MD Addr. 720 ALBANY STREET, BOSTON, M Immediate Cause of Death PENDING his permit authorizes the following Funeral S Funeral Licensee/ Designee CHRISTOPHER M Facility. RONEY FUNERAL HOME, GRAD Disposition Type CREMATION Place/Address ALL FAITHS CEMETERY AND CREMA	Place of Death Date of Death DECEMBER 10, 2022 Residence 16C STOWE ROAD, SOUTHBOROUGH, If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) —— Date entered(most recent) —— Certifier ROBERT M. WELTON, MD Addr. 720 ALBANY STREET, BOSTON, MASSACHUSET Immediate Cause of Death PENDING his permit authorizes the following Funeral Service Licensee Funeral Licensee/ Designee CHRISTOPHER M RONEY Facility. RONEY FUNERAL HOME, GRAFTON, MASSACHUSET Disposition Type CREMATION Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAN	Place of Death Date of Death DECEMBER 10, 2022 Date of Birth Residence 16C STOWE ROAD, SOUTHBOROUGH, MASSACHUSI If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Date entered(most recent) Certifier ROBERT M. WELTON, MD Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 Immediate Cause of Death PENDING his permit authorizes the following Funeral Service Licensee or Designee to a Funeral Licensee/ Designee CHRISTOPHER M RONEY Facility. RONEY FUNERAL HOME, GRAFTON, MASSACHUSETTS Disposition Type CREMATION Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WO	Place of Death 16 C STOWE ROAD, SOUTHBOROUGH, MA Date of Death DECEMBER 10, 2022 Date of Birth NOVEMBER 30, 1964 Residence 16C STOWE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered(most recent) Service Number(most recent) Certifier ROBERT M. WELTON, MD Lic # 256257 Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 Immediate Cause of Death PENDING his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport Funeral Licensee/ Designee CHRISTOPHER M RONEY Facility. RONEY FUNERAL HOME, GRAFTON, MASSACHUSETTS Disposition Type CREMATION Date of Disposition DECEMBER OF DESIGNATION DESIGNATION DESIGNATION Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSE	Place of Death December 10, 2022 Date of Birth NOVEMBER 30, 1964 Sex Residence 16C STOWE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Date entered(most recent) Certifier ROBERT M. WELTON, MD Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118 Immediate Cause of Death PENDING his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains Funeral Licensee/ Designee CHRISTOPHER M RONEY Lic # 50559 Facility. RONEY FUNERAL HOME, GRAFTON, MASSACHUSETTS Disposition Type CREMATION Date of Disposition DECEMBER Place/Address ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 016	

	Registry of Vital Records and Statistics		Board of Health/Agent for: SOUTHBOROUGH				
M	State Tracking #	060442		Local Permit #	E-PERMIT		
PER	Date	DECEMBER	16, 2022	Date			
				Name of Agent	·		
Z	I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:						
110	Place of Disposition (Facility Name and Address)				Signature		
FIRMA	All Faiths Crematory, Worcesto		ter	x (major)			
0	Disposition Type		Date of Disposition		Name of Superintendent of Authorized Designee:		
0	Cremation 12/20/20		0/2022	Paul A. Druin			

Acceptance of Permit

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





State Lile # 1 - 9 /2022 06325

Form R-309 07012014

Information passesses for the Contificate of Dooth has been completed for

614. 3

Date of Disposition

1111	ormation necess	sary for the Certificate of Death	n nas been completed for	:						
	Decedent Name	MORRISON, EMILY	ELIZABETH							
1	Place of Death	Place of Death 257 CORDAVILLE ROAD, SOUTHBOROUGH, MA								
_	Date of Death	DECEMBER 27, 2022	Date of 1	Birth	NOVEMBER 29, 1929	Sex	FEMALE			
DENT	Residence	257 CORDAVILLE ROAD, S	SOUTHBOROUGH, MA	SSAC	CHUSETTS 01772					
DECEI		pecify war/conflict(s) (most recent)								
DE	NO Branch of militar	ni (most vocant)	D	Bank/ouganization/outfit/mont account)						
		y (most recent)	Kank/c	Rank/organization/outfit(most recent)						
	Date entered(mo.	st recent)	Date Discharged (most rec	ent)	Service Number(most re	cent)				
FIER	Certifier CONNIE DREXLER, MD Lic # 71130									
===	Addr. 112 MAIN STREET, SUITE 108, NORTHBOROUGH, MASSACHUSETTS 01532									
CERI	Immediate Cause	3								
ာ	ENDSTAGE	DEMENTIA								
Th	is permit autho	rizes the following Funeral Ser	vice Licensee or Designe	e to r	emove, dispose or transport	remains	as listed below:			
z	Funeral Licensee	/ Designee SCOTT A. JOHNST	'ON		Lic	# 6373				
T101	Facility: MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS									
S	Disposition Type BURIAL				Date of Disposition JAN	UARY 03	3, 2023			
SPO	Place/Address						,			
=	SOUTHBORG	OUGH RURAL CEMETERY,	11 CORDAVILLE ROA	D, SO	UTHBOROUGH, MASSA	CHUSET	TS 01772			
F-	dorsements									
E		Records and Statistics	Board of Health/Agen	+ fam	SOUTUPODOUCH					
MIT										
ERM	State Tracking #	063255		PERM	11.1					
P E	Date	JANUARY 02, 2023	Date							
			Name of Agent							
z	I hereby certify	that the remains were disposed of i	in accordance with its terms	at the	place and date below:					
T10		ion (Facility Name and Address)	Sig	nature						
<u> </u>	KUMM CZ	mesery	(2) m.2		~? ·	`				

Acceptance of Permit

Disposition Type

11 CarpINICE

CONFIRMA

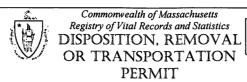
Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

Name of Supprintendent or

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.







State File # 1 22 2022 048554

Information necessary for the Certificate of Death has been completed for	Information	necessary fo	r the	Certificate of	of Death	has been	completed f	for:
---	-------------	--------------	-------	----------------	----------	----------	-------------	------

Inf	formation necessary for the Certificate of Death has been completed for:								
	Decedent Name	BELLI, RIC	CHARD S						
	Place of Death	152 MARLBOI	RO ROAD, SOUT	HBOROUGH, N	MA				
_	Date of Death	OCTOBER 06,	, 2022	Da	te of Birth	MAY 13, 1934	Sex	MALE	
DENT	Residence	152 MARLBOI	RO ROAD, SOUT	HBOROUGH, I	MASSACI	HUSETTS 01772			
DECED	If U.S. veteran, sp	pecify war/conflict(s	s) (most recent)						
=	Branch of militar	y (most recent)		Rank/organization/outfit(most recent)					
	Date entered(mos	st recent)	Da	ate Discharged (mo	st recent)	Service Number(most r	recent)		
~	Certifier SHUN	Certifier SHUN-HOW LEE, MD Lic # 58531							
FIE			D, SUITE 503, FR	RAMINGHAM,	MASSAC	HUSETTS 01702			
CERTIFIER	Immediate Cause CONGESTIVI	of Death E HEART FAIL	URE						
Th	his permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
z	Funeral Licensee	Designee BRIA	N C. MCKINNEY	,		Lic	# 50106		
101	Facility. MCCARTHY, MCKINNEY & LAWLER FUNERAL HOME, FRAMINGHAM, MASSACHUSETTS								
SPOSITIO	Disposition Type	CREMATION				Date of Disposition OC	TOBER 1	4, 2022	
SPC	Place/Address SAINT MICHAEL CREMATORY, 500 CANTERBURY STREET, BOSTON, MASSACHUSETTS 02131								
Iq	SAINT MICH	AEL CREMAI	OK1, 500 CANTE	ABUKI SIKE	er, bost	ON, MASSACHUSETTS U	2131		
Er	dorsements								
L	Registry of Vital	Records and Stat	istics	Board of Health	/Agent for:	SOUTHBOROUGH			
MIT	State Tracking #	048554		Local Permit #	E-PERM	I IT			
PER	Date	OCTOBER 1	11, 2022	Date					
				Name of Agent					
Z				ccordance with its	terms at the	e place and date below:			
AT10	Place of Disposit	ion (Facility Name St	<i>and Address)</i> Mi chae l Crer	matory	Signature	· .			
ONFIRMA			O Canterbury		O la	1	1		
<u> </u>			Boston, MA 02		\X//[Whalk Sh Superintendent or Authorized De	leha	201	

Acceptance of Permit

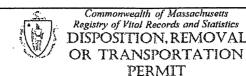
Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.

Form R-309 07012014

APPENDICEALCANCER

15089837772 RECEIVED SOUTH DOROUGH TOWN CLERK



State File #

Information necessary for the Certificate of Death has been completed for:

Decedent Name MCDONALD, SHANNON H 9 HICKORY ROAD, SOUTHBOROUGH, MA Place of Death MARCH 26, 2021 Date of Birth AUGUST 30, 1965 Sex **FEMALE** Date of Death Residence 9 HICKORY ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772 If U.S. veteran, specify war/conflict(s) (mostrecent) NO Branch of military (most recent) Rank/organization/outfit(mostrecent) Date entered(most recent) Date Discharged (most recent) Service Number (most recent) Certifier DEBORAHSCHRAG, MD Lic # 77651 Addr. 450 BROOKLINE AVENUE, BOSTON, MASSACHUSETTS 02215 Immediate Cause of Death

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee DAVID A PICKERING Facility. WESTBORO FUNERAL HOME, INC, WESTBOROUGH, MASSACHUSETTS

Disposition Type CREMATION Date of Disposition MARCH26,2021

Place/Address RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH E-PERMIT State Tracking # 016076 Local Permit # MARCH 26, 2021 Date Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address) Signature RORN CHINETEDE Name of Superinte

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal:

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RECEIVED SOUTHEDROUGH TOWN CLERK

No. 1462	6	remation Affidavi	д ви ост -6 :Р	3.00
I ceatify that he	evein are contained the c	THE PROPERTY OF STREET		
Holly P	rancine Gould			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Cremated on the	29th	dayof	Augus	2022
Date of death.	<u>-August 18, 2022</u>	De	uth County	<u>Bioward</u>
	Geimit#	<u>2022-F039961</u>	<i>-5195</i>	And
Funeral Home	<u> American Crema</u>	lions -	4	
Treasure Coast C	rematory	BUTTAL		

The CROWNER NEWALLS OF FERRING CHIEF MASKE NOTOSED

OF IN ACCONDENCE WITH 100 TERMS AT:

RUMP COMMETTEN!

11 CONSTRUCE DO, SONTHERWES! MA

SEC. 15, LOT 25, CROWNER

ON: OCTOBER 1, 2023

Environt. Guessel





PERMIT

Sta 2012 4 #EP 30 A2022 046286

Form R-309 07012014

Information necessary for the Cartificate of Death has been completed for:

LIII	ormation necessary for the Certificate of Death has	been completed	101 .					
	Decedent Name LANGWAY, URSULA LUI	SA						
	Place of Death 7 BLUEBERRY LANE, SOUTHE	BOROUGH, MA						
_	Date of Death SEPTEMBER 25, 2022	Date	of Birth A	AUGUST 06, 1934	Sex	FEMALE		
EN	Residence 7 BLUEBERRY LANE, SOUTHE	BOROUGH, MA	SSACHUS	ETTS 01772				
DECEDENT	If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) —		Rank/organization/outfit(most recent)					
	Date entered(most recent) Da	te Discharged (mos	recent)	Service Number(most r	ecent)			
	Certifier LI MING HU, MD			Lic # 81535				
FIER	Addr. 571 UNION AVENUE, FRAMINGHAM, M	IASSACHUSET	TS 01702					
CERTIFIER	Immediate Cause of Death FAILURE TO THRIVE							
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
SPOSITION	Funeral Licensee/ Designee NANCY G MORRIS				# 50277			
	Facility. MORRIS-JOHNSTON FUNERAL HOM	ie, inc., souti	HBOROUG			200 2002		
s o	Disposition Type BURIAL			Date of Disposition SEP	TEMBER	X 28, 2022		
DISI	Place/Address RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772							
En	dorsements				_			
	Registry of Vital Records and Statistics	Board of Health/	Agent for: S	OUTHBOROUGH				
PERMIT	State Tracking # 046286	Local Permit #	E-PERMI	r				
ER	Date SEPTEMBER 28, 2022	Date						
-		Name of Agent						
N	I hereby certify that the remains were disposed of in ac-	cordance with its t	erms at the p	lace and date below:				
ATION	Place of Disposition (Facility Name and Address)		Signature					
CONFIRMA	Disposition Type Disposition Type The Emitted Character Character Character Character Control Contro	MA	X	L. Alle	17			
00	Disposition Type Date of Disposition		Name of Su	perintendent or/Authorized Do		,		
	THE EMPH CINIC SEPT.	28, 2022		MINET HOIL	Eller	<u>′</u>		

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.





PERMIT

Male File # 30

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

Decedent Name FERRAZ, JESUSMARIO FRANCISCO Place of Death 134 WOODLAND ROAD, SOUTHBOROUGH, MA Date of Death **SEPTEMBER 15, 2022** Date of Birth MAY 23, 1964 **MALE** 1038 MAIN STREET, UNIT 3L, WORCESTER, MASSACHUSETTS 01603 Residence If U.S. veteran, specify war/conflict(s) (most recent) NO Branch of military (most recent) Rank/organization/outfit(most recent) Date entered(most recent) Date Discharged (most recent) Service Number(most recent) Certifier BRADLEY A. SWITZER, MD Lic # 233914 Addr. 1 EATON PLACE, WORCESTER, MASSACHUSETTS 01608 Immediate Cause of Death **BOWEL PERFORATION** This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below: Lic # 6373

Funeral Licensee/ Designee SCOTT A. JOHNSTON

Facility. MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS

Disposition Type CREMATION Date of Disposition SEPTEMBER 20, 2022

Place/Address

RURAL CEMETERY (CREMATORY), 180 GROVE STREET, WORCESTER, MASSACHUSETTS 01605

Endorsements

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 044668 Local Permit # **E-PERMIT SEPTEMBER 19, 2022** Date Date Name of Agent I hereby certify that the remains were disposed of in accordance with its terms at the place a ત**ો** date below: CONFIRMATIO

Signature

Place of Disposition (Facility Name and Address)

Rural Cemetery 180 Grove Street 1600

Date of Disposition)

Name of Superintendent of

Authorized Designee. David Berthiaume

Acceptance of Permit

Cremation 5 2 2

Disposition Type

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

A cremation clearance from the Office of the Chief Medical Examiner is still necessary prior to cremation. For M.E.-certified death certificates, the cremation clearance may have already been issued. Clearance status at the time the permit was printed is indicated at the top of this form.



Form R-309 07012014



Commonwealth of Massifitisetts?

Registry of Vital Records and Statistics State File #

DISPOSITION, REMOVAL 8 OR TRANSPORTATION

2022 034287

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	JOHANSEN, KAREN J								
1	Place of Death	Place of Death 40 SEARS ROAD, SOUTHBOROUGH, MA								
F	Date of Death	JULY 14, 2022	Da	te of Birth	SEPTEMBER 16, 1956	Sex	FEMALE			
DEN	Residence	40 SEARS ROAD, SOUTHBO	ROUGH, MASSA	CHUSET	TS 01772					
ECE	If U.S. veteran, sp NO	pecify war/conflict(s) (most recent)								
A	Branch of militar	y (most recent)	Rank/organization/outfit(most recent)							
	Date entered(mos	st recent)	Date Discharged (mos	st recent)	Service Number(most red	cent)				
-	Certifier JILL ALLEN, MD Lic # 226499									
TIFIER	Addr. 55 FRUI	T STREET, BOSTON, MASSA	CHUSETTS 02114							
1 ∝	Immediate Cause									
CE	PANCREATIO	C ADENOCARCINOMA								
Ti	is permit autho	rizes the following Funeral Serv	ice Licensee or Des	ignee to r	emove, dispose or transport	remains :	as listed helow:			
Г	T	Designee NANCY G MORRIS		9		± 50277	as instead below.			
SITION	1	RIS FUNERAL HOME, SOUTH	IROROUGH MAS	SACHUS	ETTS					
SIT	1	CREMATION	DOROUGH, MAIL	, DIRCHOL	Date of Disposition JULY	7 19 2022	,			
SPO	Place/Address				Dute of Disposition 30113	10, 2022	•			
DIS	RURAL CEM	ETERY (CREMATORY), 180 C	GROVE STREET,	WORCES	STER, MASSACHUSETTS	01605				
E	dorsements									
	Registry of Vital	Records and Statistics	Board of Health/	Agent for:	SOUTHBOROUGH					
MIT	State Tracking #	034287	Local Permit #	E-PERM	IT					
PER	Date	JULY 15, 2022	Date							
_			Name of Agent							

Disposition Type

acceptance for disposal.

Cremation

CONFIRMATION

Acceptance of Permit

Place of Disposition (Facility Name and Address)

Name of Superintendent or Authorized Designee:

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to

John H Cobill

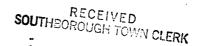
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Signature

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Date of Disposition

arral Complety 30 Grove Street MA 01606









2022 033847

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

Decedent Name KENSINGER, MARIE A

Place of Death 4 MAPLE STREET, SOUTHBOROUGH, MA

Date of Death **JULY 11, 2022**

Date of Birth OCTOBER 29, 1938 4 MAPLE STREET, SOUTHBOROUGH, MASSACHUSETTS 01745

Sex FEMALE

Residence If U.S. veteran, specify war/conflict(s) (most recent)

NO

Branch of military (most recent)

Rank/organization/outfit(most recent)

Date entered(most recent)

Date Discharged (most recent)

Service Number(most recent)

Certifier STEVEN COFFIN, MD

Lic # 286233

Addr. 246 MAPLE STREET, MARLBOROUGH, MASSACHUSETTS 01752

Immediate Cause of Death

END STAGE RENAL DISEASE

This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:

Funeral Licensee/ Designee NANCY G MORRIS

Lic # 50277

Facility. MORRIS FUNERAL HOME, SOUTHBOROUGH, MASSACHUSETTS

Disposition Type BURIAL

Date of Disposition JULY 15, 2022

Place/Address

RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772

Endorsements

Registry of Vital Records and Statistics Board of Health/Agent for: SOUTHBOROUGH State Tracking # 033847 Local Permit # 033847 Date **JULY 13, 2022** Date **JULY 14, 2022 JAMES F. HEGARTY** Name of Agent

I hereby certify that the remains were disposed of in accordance with its terms at the place and date below:

Place of Disposition (Facility Name and Address)

Signature

KURAL CEMETE 11 CORDAVILLER Disposition Type Date of Disposition

Name of Sup

Acceptance of Permit

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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Commonwealth of Massachusetts SOUTHE Registry of Vital Records and Statistics State DISPOSITION, REMOVAL

State File

TOWN CLER 036018

Form R-309 07012014

Information necessary for the Certificate of Death has been completed for:

	Decedent Name	BARTOLINI JR, LEO I	र						
	Place of Death	62 OAK HILL ROAD, SOUT	HBOROUGH, MA						
Т	Date of Death	JULY 21, 2022	Dat	te of Birth	MAY 12, 1950	Sex	MALE		
DEN	Residence 62 OAK HILL ROAD, SOUTHBOROUGH, MASSACHUSETTS 01745								
ECEI	If U.S. veteran, sp NO	pecify war/conflict(s) (most recent)							
[0	Branch of military (most recent)			Rank/organization/outfit(most recent)					
	Date entered(mos	st recent)	Date Discharged (mod	 st recent)	Service Number(mo. —	st recent)			
æ	Certifier JOSEPH HARRINGTON, MD Lic # 160004								
RTIFIER	Addr. 74 MAIN STREET, FRAMINGHAM, MASSACHUSETTS 01702								
CERT	Immediate Cause CONGESTIV	of Death E HEART FAILURE							
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:								
h	Funeral Licensee/ Designee SCOTT A. JOHNSTON Lic # 6373								
TION	Facility. MORRIS-JOHNSTON FUNERAL HOME, INC., SOUTHBOROUGH, MASSACHUSETTS								
SI	Disposition Type	BURIAL			Date of Disposition $ {f J} $	ULY 27, 202	2		
SPO	Place/Address	Place/Address							
DI	SOUTHBOROUGH RURAL CEMETERY, 11 CORDAVILLE ROAD, SOUTHBOROUGH, MASSACHUSETTS 01772								
En	dorsements								
	Registry of Vital	Records and Statistics	Board of Health	alth/Agent for: SOUTHBOROUGH					
RMIT	State Tracking #	036018	Local Permit #	E-PERM	ПТ				
PER	Date	JULY 27, 2022	Date						
_			Name of Agent			.,			
z	I hereby certify	that the remains were disposed of i	n accordance with its	terms at the	e place and date below:				
IRMATION	Place of Disposition (Facility Name and Address) Signature Signature								

Acceptance of Permit

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RECEIVED SOUTHER TOWN CLERK





State File #12 JUN 15 2021 053406

	OR TR	ANSPORTATION					
1	000393337	PERMIT					
For	orm R-309 07012014	1 11(1/11)					
In	nformation necessary for the Certificate of Death has b	een completed for:					
Г	Decedent Name SULLIVAN , BARBARA JAN	E					
	Place of Death 184 CORDAVILLE ROAD, SOUTH	IBOROUGH, MA					
	Date of Death NOVEMBER 08, 2021	Date of Birth JUNE 15, 1940 Sex FEMALE					
ENT	Residence 184 CORDAVILLE ROAD, SOUTH	BOROUGH, MASSACHUSETTS 01772					
DECED	If U.S. veteran, specify war/conflict(s) (most recent)						
DE	NO Branch of military (most recent)	Rank/organization/outfit(most recent)					
	Date entered(most recent) Date I	Discharged (most recent) Service Number (most recent)					
- H	Certifier CONNIE DREXLER, MD	Lic # 71130					
RTIFIE	Addr. 112 MAIN STREET, NORTHBOROUGH, MASSACHUSETTS 01532						
CERTI	Immediate Cause of Death RES PIRATORY FAILURE						
Tì	This permit authorizes the following Funeral Service Li	censee or Designee to remove, dispose or transport remains as listed below:					
\vdash	Funeral Licensee/ Designee PHILLIP R SHORT	Lic # 50881					
N 0 I	Facility. SHORT & ROWE FUNERAL HOME, MARLBOROUGH, MASSACHUSETTS						
DISPOSITIO	Disposition Type CREMATION	Date of Disposition NOVEMBER 11, 2021					
0 4 9	Place/Address	,					
10	ALL FAITHS CEMETERY AND CREMATORY, 7 ISLAND ROAD, WORCESTER, MASSACHUSETTS 01603						
En							
-	Registry of Vital Records and Statistics Bo	pard of Health/Agent for: SOUTHBOROUGH					
ERMIT	State Tracking # 053406 Lo	ocal Permit # E-PERMIT					
ERI	Date NOVEMBER 12, 2021	ate					
Ъ		ume of Agent					
	The webs contife that the many in the state of the state						
FIRMATION	Place of Disposition (Facility Name and Address)						
AT	LUNK Constant	Signature					
R M	11 Conserver Bornsmaker 1/1						
NFI	Sa: 2, 10T 13A, ENV. 2A	X All Im					
CONI	Disposition Type Sink Date of Disposition Or Chemister Memister MAN AL	Name of Superintendent or Authorized Designee:					
	OF CREMITED NEWTHING THAY JE	2027 Dridget HI CILLENEY					

Acceptance of Permit

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PERMIT

OCME CASE # 2019-15665

Form R-309 07012014

Inf	Information necessary for the Certificate of Death has been completed for:							
	Decedent Name TITUS, ROBERT H							
	Place of Death 4 MOORE ROAD, SOUTHBOR	OUGH, MA						
۳	Date of Death DECEMBER 09, 2019	Date of Bir	rth JANUARY 09, 1957	Sex MALE				
DECEDEN	Residence 4 MOORE ROAD, SOUTHBOR	OUGH, MASSACHUS	SETTS 01772					
CEI	If U.S. veteran, specify war/conflict(s) (most recent)							
DE	NO Branch of military (most recent)	Rank/org	ganization/outfit(most recent)					
	_							
	Date entered(most recent) — — — —	ate Discharged (most recen -	nt) Service Number(most rece	nt)				
æ	Certifier ANAND B. SHAH, MD Lic # 263749							
RTIFIER	Addr. 720 ALBANY STREET, BOSTON, MASSACHUSETTS 02118							
ERT	Immediate Cause of Death HANGING							
C	MANOEVO							
Th	This permit authorizes the following Funeral Service Licensee or Designee to remove, dispose or transport remains as listed below:							
OSITION	Funeral Licensee/ Designee NANCY G MORRIS		Lic # 5	50277				
	Facility. MORRIS FUNERAL HOME, SOUTHE	OROUGH, MASSACH	HUSETTS					
	Disposition Type CREMATION		Date of Disposition DECE	MBER 12, 2019				
DISPO	Place/Address RURAL CEMETERY (CREMATORY), 180 GR	OVE STREET, WOR	CESTER, MASSACHUSETTS 01	605				
a								
En	dorsements							
Ŧ	Registry of Vital Records and Statistics	Board of Health/Agent	for: SOUTHBOROUGH					
RMIT	State Tracking # 055377	Local Permit # E-PE	RMIT					
PEI	Date DECEMBER 11, 2019	Date -						
		Name of Agent —						
z	I hereby certify that the remains were disposed of in a	ccordance with its terms a	at the place and date below:					
T10	Place of Disposition (Facility Name and Address)	Signa	ature 1 2 -					
A M A	NUMBER COMETE SUMBORELI	M-	N. A.					
CONFIRMATION	Jan. I, Gav. 229A	X	J. Heller	7				
00	Disposition Type Lange Date of Disposition		e of Superintendent or Authorized Design	nee:				
	or chemnes lemmes MAY 19	4 3022	EMPSETH GIVE	NEV				
Ac	Acceptance of Permit							

Permits printed with the designation "E-PERMIT" may be accepted by a disposition facility prior to the completion of the Local Permit #. This designation indicates that the death certificate has been electronically checked for completeness. In these cases, boards of health or their designated agents will later assign a permit number upon subsequent verification of death certification information and prior to registration by the city or town clerk or registrar. Permits without the "E-PERMIT" designation must contain a local permit number and date prior to acceptance for disposal.

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2022 APR -5 A 10: 54

Michael Medeiros, Crematory Manager

44		7					
	Reg	Commonwealth of Ma sistry of Vital Records SPOSITION, R	and Statistics	State File #	2022 013	368	
000	0628770 OR	TRANSPOR	TATION				
For	m R-309 07012014	PERMIT	Γ				
Inf	ormation necessary for the Certificate of Death	has been complete	d for				
	on the condition of the condition of Death	mas been complete	u 101.				
1	Decedent Name DALTON, LEONARD L	EE					
	Place of Death 59 PARKERVILLE ROAD, SO	OUTHBOROUGH.	, MA				
=	Date of Death MARCH 05, 2022	Da	te of Birth NO	VEMBER 30, 1935	Sex	MALE	
DECEDENT	Residence 59 PARKERVILLE ROAD, SOUTHBOROUGH, MASS ACHUS ETTS 01772						
EC.E	If U.S. veteran, specify war/conflict(s) (most recent)						
•	Branch of military (most recent)	R	Rank/organization/outfit(most recent)				
:	Date entered(most recent)	Date Discharged (mo	st recent)	Service Number(mos	t recent)		
æ	Certifier PAULA G. CARMICHAEL, MD			Lic # 79974			
CERTIFIER	Addr. 630 PLANTATION STREET, WORCES	TER, MASSACH	USETTS 01605	5			
E	Immediate Cause of Death						
2	PROGRESSIVE LOWER MOTOR NEURON	OPATHY					
Ti	nis permit authorizes the following Funeral Serv	ice Licensee or Des	signee to remo	ve, dispose or transpo	rt remains as	listed below:	
z	Funeral Licenseel Designee GARY F. TOYE Lic # 51055						
SITIO	Facility. ADVANTAGE FUNERAL & CREMATION SERVICES - MASSACHUSETTS, FRAMINGHAM, MASSACHUSETTS						
0 8 1	Disposition Type REMOVAL FROM STATE			Date of Disposition M	ARCH 10, 20	22	
DISP	Place/Address NEW ENGLAND CREMATION SERVICES, 25 STARLINE WAY, CRANSTON, RHODE IS LAND 02921						
En	dorsements						
Ľ	Registry of Vital Records and Statistics	Board of Health	/Agent for: SOL	THBOROUGH			
PERMIT	State Tracking # 013368	Local Permit#	E-PERMIT				
2 2	Date MARCH 10, 2022	Date					
乚		Name of Agent	•••				
Z	I hereby certify that the remain		terms at the plac	e and date below:			
Ē	Place of Disposition (Facility Nar NEW ENGLA!		Signature				
N N	CREMATION S 25 STARLINE WAY	SERVICES Y. UNIT 10	NT 10 Nomider				
CONFIRMATION	CRANSTON, RI 0	2921	X				
00	Disposition Type Date of Dispositi	on		intendent or Authorized	Designee:		

Acceptance of Permit

CREMATTON

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3.14.2022

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Michael Medeiros, Crematory Monagar